

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

LIBERTARIAN NATIONAL COMMITTEE

ADDRESS (number and street)

2600 Virginia Ave NW

Suite 200

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20037

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255695

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Aaron Starr

Signature of Treasurer

Electronically Filed by Aaron Starr

Date

03

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	3178.48
(b) Cash on Hand at Beginning of Reporting Period .....	22936.19	
(c) Total Receipts (from Line 19) .....	79137.21	183486.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	102073.40	186664.79
7. Total Disbursements (from Line 31) .....	76328.01	160919.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25745.39	25745.39
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	39342.58	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period:

From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12956.69	56856.69
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	65738.52	125966.62
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	78695.21	182823.31
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	78695.21	182823.31
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	442.00	663.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	79137.21	183486.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	79137.21	183486.31

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	76328.01	160619.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	76328.01	160619.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	300.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	76328.01	160919.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76328.01	160919.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	78695.21	182823.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	78695.21	182523.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	76328.01	160619.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	442.00	663.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	75886.01	159956.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mett B. Ausley

Mailing Address 3412 Waccamaw Shores Rd

City

Lake Waccamaw

State

NC

Zip Code

28450-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Pathology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.60297

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Gregory R. Brodnick

Mailing Address 2229 El De Oro Dr

City

Clearwater

State

FL

Zip Code

33764-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Frames Inc.

Occupation  
Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.60516

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Raymond Groves Burrington

Mailing Address C/of Estate of R. G. Burrington  
109 Northshore Dr Ste 303

City

Knoxville

State

TN

Zip Code

37919-4925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deceased

Occupation  
Deceased

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.60577

Amount of Each Receipt this Period

1900.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael C. Colley

Mailing Address 444 Magnolia Dr

City

Gulf Shores

State

AL

Zip Code

36542-4408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired (U.S. Navy)

Occupation

Vice Admiral, Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.60674

Amount of Each Receipt this Period

150.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael C. Colley

Mailing Address 444 Magnolia Dr

City

Gulf Shores

State

AL

Zip Code

36542-4408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired (U.S. Navy)

Occupation

Vice Admiral, Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.60675

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Henry S. David

Mailing Address 12571 Sanford St

City

Los Angeles

State

CA

Zip Code

90066-6934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grossman Stein

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.60786

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Matthew Dwyer

Mailing Address 140 Gavin Hill Ct

City

Aynor

State

SC

Zip Code

29511-4770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Department  
of Public Sa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

State Trooper

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.60872

Amount of Each Receipt this Period

975.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Matthew Dwyer

Mailing Address 140 Gavin Hill Ct

City

Aynor

State

SC

Zip Code

29511-4770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Department  
of Public Sa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

State Trooper

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.60873

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Carl G. Ellis

Mailing Address 2606 W Hill Rd

City

Roxbury

State

VT

Zip Code

05669-9732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ethan Allen, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Watchman

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.60902

Amount of Each Receipt this Period

325.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1325.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 58

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

James Holley

Mailing Address 1064 Sage Dr

City

Pleasant Grove

State

UT

Zip Code

84062-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.61302

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Paul Jingoian

Mailing Address 20431 SW Crestmont Pl

City

Sherwood

State

OR

Zip Code

97140-8696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AngelVision Tech.

Occupation

CEO - President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	0	9

Transaction ID: SA11AI.61392

Amount of Each Receipt this Period

1300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Achyut B. Kamat

Mailing Address 555 S Main St Apt 215

City

Providence

State

RI

Zip Code

02903-4353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Emergency Med

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Transaction ID: SA11AI.61446

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

2300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David Kaufman

Mailing Address 310 W Wayne Pl

City

Wheeling

State

IL

Zip Code

60090-4637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howard Simon & Associates,  
Inc

Occupation

Retirement Plan Administr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.61458

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Erik Christopher Kelley

Mailing Address 6617 S Palm Dr

City

Tempe

State

AZ

Zip Code

85283-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laboratory Corporation of  
America

Occupation

Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.61465

Amount of Each Receipt this Period

300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kevin J. Lynch

Mailing Address PO Box 711

City

Algona

State

IA

Zip Code

50511-0711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.61686

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

David Martin

Mailing Address 249 Saddlebrook Dr

City

Zionsville

State

IN

Zip Code

46077-9577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
pike township fire depart-  
ment

Occupation  
firefighter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.61729

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

David R. Mason

Mailing Address 2234 E Crosby Rd

City

Carrollton

State

TX

Zip Code

75006-7744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Verizon Wireless

Occupation  
Telecom Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.61735

Amount of Each Receipt this Period

200.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Joel Munday

Mailing Address 450 E 56th Ave Apt F

City

Anchorage

State

AK

Zip Code

99518-1249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Furniture Enterprises of  
Alaska, Inc

Occupation  
Store Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.61900

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Cynthia L. Myers

Mailing Address 111 Elmwood Ave

City

Narberth

State

PA

Zip Code

19072-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paul, Reich & Myers, P.C.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.61910

Amount of Each Receipt this Period

200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Noud

Mailing Address 310 Sunnyview Ln

City

Kalispell

State

MT

Zip Code

59901-3129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern rockies anesthe-  
sia consultant

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.61964

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Pamela P. Potter

Mailing Address 538 Spring Place Rd NE

City

White

State

GA

Zip Code

30184-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.62126

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Kim Short

Mailing Address 6526 N Chance Ave

City

Fresno

State

CA

Zip Code

93710-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual of Omaha

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.62380

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Paul Spoltore

Mailing Address 5300 Ironhorse Pkwy Unit 568

City

Dublin

State

CA

Zip Code

94568-7052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. Coast Guard

Occupation

Open Ocean Search and Rescue Expert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.62453

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Karen S. Steingraber

Mailing Address 1464 W Pensacola Ave

City

Chicago

State

IL

Zip Code

60613-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Terra Engineering

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.62478

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

James G. Strickland

Mailing Address 1715 S Hayford Rd Apt 101D

City

Spokane

State

WA

Zip Code

99224-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.62509

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Leonid Vilenski

Mailing Address 3121 23rd Ave S Unit C

City

Fargo

State

ND

Zip Code

58103-6150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meritcare Health System

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.62656

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

George R. Whitfield

Mailing Address 45107 Tarney Wood Dr

City

Portsmouth

State

VA

Zip Code

23703-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Halcyon Search International

Occupation  
Executive Search Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.62739

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

George R. Whitfield

Mailing Address 45107 Tarney Wood Dr

City

Portsmouth

State

VA

Zip Code

23703-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Halcyon Search International

Occupation

Executive Search Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.69

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.62740

Amount of Each Receipt this Period

81.69

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Morley R. Williams

Mailing Address 7051 Mount Olympus Dr

City

Fallbrook

State

CA

Zip Code

92028-8092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.62762

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

331.69

**TOTAL** This Period (last page this line number only) .....

12956.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 58

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Brooks

Mailing Address 870 Ribaut Rd

City

Beaufort

State

SC

Zip Code

29902-5428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Transaction ID: SA15.63073

Amount of Each Receipt this Period

221.00

COBRA Payment from fmr em-  
ployee

**B.**

Full Name (Last, First, Middle Initial)

Andrew R Davis

Mailing Address 4431 Raleigh Ave #104

City

Alexandria

State

VA

Zip Code

22304-6732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Transaction ID: SA15.63074

Amount of Each Receipt this Period

221.00

COBRA payment from fmr em-  
ployee

**SUBTOTAL** of Receipts This Page (optional) .....

442.00

**TOTAL** This Period (last page this line number only) .....

442.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Advanced Mailing Services, LLC	<b>Transaction ID:</b> SB21B.62989 <b>Date of Disbursement</b>																				
Mailing Address 14970 Farm Creek Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	0	9												
City Woodbridge State VA Zip Code 22191-3550	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	<table border="1"> <tr> <td colspan="10">1366.53</td> </tr> </table>	1366.53																			
1366.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	003 Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Advanced Mailing Services, LLC	<b>Transaction ID:</b> SB21B.63090 <b>Date of Disbursement</b>																				
Mailing Address 14970 Farm Creek Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	3		2	0	0	9												
City Woodbridge State VA Zip Code 22191-3550	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	<table border="1"> <tr> <td colspan="10">5114.97</td> </tr> </table>	5114.97																			
5114.97																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	003 Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) American National Insurance Co.	<b>Transaction ID:</b> SB21B.62972 <b>Date of Disbursement</b>																				
Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension Dept.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	0	9												
City Galvison State TX Zip Code 77550-1830	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LP 401k Contributions Candidate Name	<table border="1"> <tr> <td colspan="10">961.92</td> </tr> </table>	961.92																			
961.92																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	001 Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

7443.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Arcade Press Mailing Address 5436 Harford Rd. City Baltimore State MD Zip Code 21214-2292 Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.62993 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	0	9												
Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1028.00</td> </tr> </table> Category/ Type <input type="text" value="003"/>	1028.00																				
1028.00																					
<b>B.</b> Full Name (Last, First, Middle Initial) Ask Your Tech, LLC Mailing Address c/of Nick Zarzycki 6001 Arlington Blvd Apt. T17 City Falls Church State VA Zip Code 22044-0000 Purpose of Disbursement Server and Computer Maint Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.62887 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	9		2	0	0	9												
Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1550.00</td> </tr> </table> Category/ Type <input type="text" value="001"/>	1550.00																				
1550.00																					
<b>C.</b> Full Name (Last, First, Middle Initial) B & B Duplicators Mailing Address 818 18th Street NW LL15 City Washington State DC Zip Code 20006-0000 Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.62997 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	0	9												
Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">290.81</td> </tr> </table> Category/ Type <input type="text" value="003"/>	290.81																				
290.81																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**2868.81**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BentleyForbes Watergate LLC

Mailing Address PO Box 73378

City  
Cleveland

State  
OH

Zip Code  
44193-3378

Purpose of Disbursement  
Office Rent, Tax, Maint & Utilities

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62890

Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

9903.66

B.

Full Name (Last, First, Middle Initial)

Louise Calise

Mailing Address 6802 Dante Ct

City  
Springfield

State  
VA

Zip Code  
22152-3328

Purpose of Disbursement  
Employee Net Pay

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62873

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

1324.74

C.

Full Name (Last, First, Middle Initial)

Louise Calise

Mailing Address 6802 Dante Ct

City  
Springfield

State  
VA

Zip Code  
22152-3328

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62874

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

1338.73

SUBTOTAL of Disbursements This Page (optional) .....

12567.13

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Christy Carmody

Mailing Address 1751 Camarillo Drive

City  
N. Las Vegas

State  
NV

Zip Code  
89031-0000

Purpose of Disbursement  
Non Candidate Party Editing and Graphics

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62865

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

425.00

B.

Full Name (Last, First, Middle Initial)

CNA Insurance

Mailing Address PO Box 382033

City  
Pittsburgh

State  
PA

Zip Code  
15250-8033

Purpose of Disbursement  
General Liability Insurance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62998

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

1260.00

C.

Full Name (Last, First, Middle Initial)

Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City  
Sterling

State  
VA

Zip Code  
20166-6501

Purpose of Disbursement  
Copier Maint Contract

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62893

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

127.96

SUBTOTAL of Disbursements This Page (optional) .....

1812.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Andrew R Davis	<b>Transaction ID:</b> SB21B.62868 <b>Date of Disbursement</b>																				
Mailing Address 4431 Raleigh Ave #104	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
City Alexandria State VA Zip Code 22304-6732	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1241.65</td> </tr> </table>	1241.65																			
1241.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Andrew R Davis	<b>Transaction ID:</b> SB21B.62872 <b>Date of Disbursement</b>																				
Mailing Address 4431 Raleigh Ave #104	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	9												
City Alexandria State VA Zip Code 22304-6732	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">754.88</td> </tr> </table>	754.88																			
754.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	<b>Transaction ID:</b> SB21B.62962 <b>Date of Disbursement</b>																				
Mailing Address 941 North Capitol St, NE 6th Flr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	0	9												
City Washington State DC Zip Code 20002-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DC - Admin. Funding Assessment Candidate Name	<table border="1"> <tr> <td colspan="10">23.06</td> </tr> </table>	23.06																			
23.06																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2019.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Unemployment Company

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62964

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

149.90

B.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Withholding

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62966

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

56.00

C.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Admin. Funding Assessment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62963

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

23.53

SUBTOTAL of Disbursements This Page (optional) .....

229.43

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Unemployment Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.62965

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

152.97

**B.**

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.62967

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

56.00

**C.**

Full Name (Last, First, Middle Initial)

De Lage Landen Financial

Mailing Address PO Box 41601

City  
Philadelphia

State  
PA

Zip Code  
19101-1601

Purpose of Disbursement  
Copier Lease

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.62999

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

523.82

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

732.79

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Susan M Dickson

Mailing Address 3410 Vineland Place

City Dumfries State VA Zip Code 22026-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.62875

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

946.79

**B.**

Full Name (Last, First, Middle Initial)

Susan M Dickson

Mailing Address 3410 Vineland Place

City Dumfries State VA Zip Code 22026-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.62876

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

977.78

**C.**

Full Name (Last, First, Middle Initial)

Donald E. Ferguson

Mailing Address 101 Skyhill Rd. #203

City Alexandria State VA Zip Code 22314-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.62869

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

896.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2821.10

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Donald E. Ferguson	<b>Transaction ID:</b> SB21B.62877																				
Mailing Address 101 Skyhill Rd. #203	Date of Disbursement																				
	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	9												
City Alexandria State VA Zip Code 22314-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee Net Pay	<table border="1"> <tr> <td>1405.74</td> </tr> </table>	1405.74																			
1405.74																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.62968																				
Mailing Address PO Box 970030	Date of Disbursement																				
City St. Louis State MO Zip Code 63197-0030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	0	9												
City St. Louis State MO Zip Code 63197-0030	Amount of Each Disbursement this Period																				
Purpose of Disbursement Federal Unemployment	<table border="1"> <tr> <td>92.25</td> </tr> </table>	92.25																			
92.25																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.62970																				
Mailing Address PO Box 970030	Date of Disbursement																				
City St. Louis State MO Zip Code 63197-0030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	0	9												
City St. Louis State MO Zip Code 63197-0030	Amount of Each Disbursement this Period																				
Purpose of Disbursement Federal Withholding	<table border="1"> <tr> <td>1274.00</td> </tr> </table>	1274.00																			
1274.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**2771.99**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Medicare Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

**Transaction ID:** SB21B.62973

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

167.19

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Medicare Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

**Transaction ID:** SB21B.62975

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

167.19

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

**Transaction ID:** SB21B.62981

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

714.89

**SUBTOTAL** of Disbursements This Page (optional) .....

1049.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

Transaction ID: SB21B.62983

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

714.89

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Federal Unemployment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

Transaction ID: SB21B.62969

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

76.23

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Federal Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

Transaction ID: SB21B.62971

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

1345.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2136.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Medicare Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.62974

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

170.62

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Medicare Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.62976

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

170.62

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.62982

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

729.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1070.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.62984 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	0	9												
City State Zip Code St. Louis MO 63197-0030 Purpose of Disbursement Social Security Employee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>2</td><td>9</td><td>.</td><td>5</td><td>3</td> </tr> </table>	7	2	9	.	5	3														
7	2	9	.	5	3																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) FP Mailing Solutions	<b>Transaction ID:</b> SB21B.62954 <b>Date of Disbursement</b>																				
Mailing Address Dept 4272	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	0	9												
City State Zip Code Carol Stream IL 60122-4272 Purpose of Disbursement Postage & Meter Resets Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	5	0	0	.	0	0														
5	0	0	.	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Francis Marion Hotel	<b>Transaction ID:</b> SB21B.62897 <b>Date of Disbursement</b>																				
Mailing Address 387 King Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	0	9												
City State Zip Code Charleston SC 29403-0000 Purpose of Disbursement Staff Travel -Hotel and Food Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	3	0	0	.	0	0														
3	0	0	.	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1529.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Great American Leasing

Mailing Address 8742 INNOVATION WAY

City  
CHICAGO

State  
IL

Zip Code  
60682-0087

Purpose of Disbursement  
Post Meter Lease Agrmt

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62898

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

205.77

B.

Full Name (Last, First, Middle Initial)

Casey T Hansen

Mailing Address 1445 Ogden St. NW #212

City  
Washington

State  
DC

Zip Code  
20010-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62878

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

952.68

C.

Full Name (Last, First, Middle Initial)

Casey T Hansen

Mailing Address 1445 Ogden St. NW #212

City  
Washington

State  
DC

Zip Code  
20010-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62879

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

952.68

SUBTOTAL of Disbursements This Page (optional) .....

2111.13

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Hatch, Denny Assc., Inc.

Mailing Address 310 Gaskill Street

City Philadelphia State PA Zip Code 19147-1503

Purpose of Disbursement  
Writing for Non-Candidate Party Mailing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.63003

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Hickey, Michael P. & Associates

Mailing Address 9522 Nassington Ct.

City Richmond State VA Zip Code 23229-6057

Purpose of Disbursement  
Writing for Non-Candidate Party Mailing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.63005

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

J. S. A., Inc.

Mailing Address 1996 Cromwell Bridge Road

City Baltimore State MD Zip Code 21234-0000

Purpose of Disbursement  
Tele Fundraising Consultant

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.62899

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

200.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City  
Springfield

State  
VA

Zip Code  
22150-0125

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.63007

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

31.73

**B.**

Full Name (Last, First, Middle Initial)

Robert S Kraus

Mailing Address 5375 Duke Street  
Apt 905

City  
Alexandria

State  
VA

Zip Code  
22304-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.62880

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

1462.90

**C.**

Full Name (Last, First, Middle Initial)

Robert S Kraus

Mailing Address 5375 Duke Street  
Apt 905

City  
Alexandria

State  
VA

Zip Code  
22304-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.62881

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

1472.88

**SUBTOTAL** of Disbursements This Page (optional) .....

2967.51

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
LPRI - Libertarian Party of Rhode Island

Mailing Address PO Box 6303  
c/of Mike Rollins

City Providence State RI Zip Code 02940-6303

Purpose of Disbursement  
Ballot Access Expense Reimbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62988

Date of Disbursement

02 / 10 / 2009

Amount of Each Disbursement this Period

300.00

**B.** Full Name (Last, First, Middle Initial)  
MAMSI - UnitedHealth (WFG)

Mailing Address Dept. CH-10151

City Palatine State IL Zip Code 60055-0151

Purpose of Disbursement  
Employee Health Insurance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62901

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

1307.22

**C.** Full Name (Last, First, Middle Initial)  
Mark J. Meranta

Mailing Address 5883 Anthony Dr.

City Woodbridge State VA Zip Code 22193-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62870

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

325.54

**SUBTOTAL** of Disbursements This Page (optional) .....

1932.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mark J. Meranta

Mailing Address 5883 Anthony Dr.

City  
Woodbridge

State  
VA

Zip Code  
22193-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.62871

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

470.82

**B.**

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address 890 Mountain Ave

City  
New Providence

State  
NJ

Zip Code  
07974-0000

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.62955

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

691.47

**C.**

Full Name (Last, First, Middle Initial)

Oklahomans for Ballot Access Reform

Mailing Address c/of Angelia O'Dell  
3527 E. 4th St.

City  
Tulsa

State  
OK

Zip Code  
74112-0000

Purpose of Disbursement  
OK Ballot Access Lobbying Efforts

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.62903

Date of Disbursement

02 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2162.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAETEC - US LEC Corp.

Mailing Address PO Box 1317

City  
Buffalo

State  
NY

Zip Code  
14240-1317

Purpose of Disbursement  
Phone and Data Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.63009

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

1144.83

B.

Full Name (Last, First, Middle Initial)

PAETEC - US LEC Corp.

Mailing Address PO Box 1317

City  
Buffalo

State  
NY

Zip Code  
14240-1317

Purpose of Disbursement  
Phone and Data Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.63010

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

1144.81

C.

Full Name (Last, First, Middle Initial)

PayPal Merchant Services

Mailing Address 2211 N. First St.

City  
San Jose

State  
CA

Zip Code  
95131-0000

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62956

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

973.69

SUBTOTAL of Disbursements This Page (optional) .....

3263.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Austin W Petersen	<b>Transaction ID:</b> SB21B.62882 <b>Date of Disbursement</b>																				
Mailing Address 309 N. Jordan St. Apt 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
City Alexandria State VA Zip Code 22304-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1282.45</td> </tr> </table>	1282.45																			
1282.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Austin W Petersen	<b>Transaction ID:</b> SB21B.62883 <b>Date of Disbursement</b>																				
Mailing Address 309 N. Jordan St. Apt 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	9												
City Alexandria State VA Zip Code 22304-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1314.45</td> </tr> </table>	1314.45																			
1314.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PNC - Riggs Bank	<b>Transaction ID:</b> SB21B.62957 <b>Date of Disbursement</b>																				
Mailing Address 2600 Virginia Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	0	9												
City Washington State DC Zip Code 20037-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">131.22</td> </tr> </table>	131.22																			
131.22																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2728.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PNC Master Card

Mailing Address PO Box 790350

City  
St. Louis

State  
MO

Zip Code  
63179-0350

Purpose of Disbursement  
Credit Card Payment- See Memo Text Below

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.63013

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

3230.95

B.

Full Name (Last, First, Middle Initial)

PNC Master Card

Mailing Address PO Box 790350

City  
St. Louis

State  
MO

Zip Code  
63179-0350

Purpose of Disbursement  
Credit Card Payment-See Memo Text Below

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.63056

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

4381.93

C.

Full Name (Last, First, Middle Initial)

PNC Master Card

Mailing Address PO Box 790350

City  
St. Louis

State  
MO

Zip Code  
63179-0350

Purpose of Disbursement  
Credit Card Payment-See Attached Memos

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62925

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

6270.85

SUBTOTAL of Disbursements This Page (optional) .....

13883.73

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) 4-Imprint	Transaction ID: SB21B.62925.0 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9
	Mailing Address 101 Commerce Street	
	City Oshkosh State WI Zip Code 54901-0000	Amount of Each Disbursement this Period 769.78
	Purpose of Disbursement LP Party Materials Non Candidate Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Libertarian State Leadership Alliance	Transaction ID: SB21B.62925.7 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9
	Mailing Address 5482 S. Westridge Dr.	
	City New Berlin State WI Zip Code 53151-0000	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Conference Expense Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Lyris Tech - Sparklist	Transaction ID: SB21B.62925.8 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9
	Mailing Address PO Box 49023	
	City San Jose State CA Zip Code 95161-9023	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Web and Email Hosting Services Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
	<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
	<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
METRO - Washington Metro Area Transit

Mailing Address 600 5th Street, NW

City Washington State DC Zip Code 20001-0000

Purpose of Disbursement  
Staff Travel-Local transportation

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62925.10

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
PNC - Riggs Bank

Mailing Address 2600 Virginia Ave NW

City Washington State DC Zip Code 20037-0000

Purpose of Disbursement  
Credit Card Finance Charge

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62925.11

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

60.43

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Postmaster

Mailing Address US Post Office Watergate  
2500 virginia Ave NW

City Washington State DC Zip Code 20037-0000

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62925.12

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

26.23

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Rackspace US Inc.

Mailing Address 9725 Datapoint Dr. #100

City San Antonio State TX Zip Code 78229-0000

Purpose of Disbursement  
Website Hosting Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62925.13

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

649.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

ThePlanet.com

Mailing Address 1333 N. Stemmons Fwy #110

City Dallas State TX Zip Code 75207-3724

Purpose of Disbursement  
Email Server Hosting Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62925.14

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

574.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address US Post Office Watergate  
2500 virginia Ave NW

City Washington State DC Zip Code 20037-0000

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62944

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62977

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

125.31

B.

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62978

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

20.62

C.

Full Name (Last, First, Middle Initial)

Safeway

Mailing Address 2550 Virginia Ave NW

City  
Washington

State  
DC

Zip Code  
20037-0000

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62959

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

28.56

SUBTOTAL of Disbursements This Page (optional) .....

174.49

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Safeway	<b>Transaction ID:</b> SB21B.62960 <b>Date of Disbursement</b>																				
Mailing Address 2550 Virginia Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	1		2	0	0	9												
City Washington State DC Zip Code 20037-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) South Carolina Dept. of Revenue	<b>Transaction ID:</b> SB21B.62979 <b>Date of Disbursement</b>																				
Mailing Address c/of Withholding	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	0	9												
City Columbia State SC Zip Code 29214-0004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement SC - Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">73.48</td> </tr> </table>	73.48																			
73.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) South Carolina Dept. of Revenue	<b>Transaction ID:</b> SB21B.62980 <b>Date of Disbursement</b>																				
Mailing Address c/of Withholding	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	0	9												
City Columbia State SC Zip Code 29214-0004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement SC - Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">25.88</td> </tr> </table>	25.88																			
25.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

199.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Star Envelope	<b>Transaction ID:</b> SB21B.63015 <b>Date of Disbursement</b>																				
Mailing Address PO box 740209, Dept. 40008	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	0	9												
City Atlanta State GA Zip Code 30374-0209	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name	<table border="1"> <tr> <td>698.75</td> </tr> </table>	698.75																			
698.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) State Farm Insurance Com	<b>Transaction ID:</b> SB21B.62946 <b>Date of Disbursement</b>																				
Mailing Address PO Box 588002 Insurance Support -2109810135	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	0	9												
City North Metro State GA Zip Code 30029-8002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Insurance Expenses Candidate Name	<table border="1"> <tr> <td>407.49</td> </tr> </table>	407.49																			
407.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Telecompute Corporation	<b>Transaction ID:</b> SB21B.62948 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 106019	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	0	9												
City Atlanta State GA Zip Code 30348-6019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phone and Data Services Candidate Name	<table border="1"> <tr> <td>56.42</td> </tr> </table>	56.42																			
56.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1162.66

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 / 58

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Terra Eclipse, Inc.

Mailing Address 9043 Soquel Dr.

City  
AptosState  
CAZip Code  
95003-0000Purpose of Disbursement  
Website Management

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.63017

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	2	/	2	0	0	9

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Ticketmaster

Mailing Address 1601 Elm St., Ste. 700

City  
DallasState  
TXZip Code  
75201-0000Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62961

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

210.57

**C.**

Full Name (Last, First, Middle Initial)

Virginia Dept. of Taxation

Mailing Address PO Box 26644

City  
RichmondState  
VAZip Code  
23261-6644Purpose of Disbursement  
VA - Withholding

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62985

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	0	9

Amount of Each Disbursement this Period

371.00

SUBTOTAL of Disbursements This Page (optional) .....

2081.57

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Advanced Mailing Services, LLCNature of Debt (Purpose):  
Non Candidate Party Maili-  
ng Serv

Mailing Address 14970 Farm Creek Drive

City State ZIP Code  
Woodbridge VA 22191-3550

Outstanding Balance Beginning This Period

1366.53

Transaction ID: SD10.57634

Amount Incurred This Period

0.00

Payment This Period

1366.53

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Advanced Mailing Services, LLCNature of Debt (Purpose):  
Non Candidate Party Maili-  
ng Serv

Mailing Address 14970 Farm Creek Drive

City State ZIP Code  
Woodbridge VA 22191-3550

Outstanding Balance Beginning This Period

4215.64

Transaction ID: SD10.60197

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4215.64

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Arcade PressNature of Debt (Purpose):  
Office Supplies

Mailing Address 5436 Harford Rd.

City State ZIP Code  
Baltimore MD 21214-2292

Outstanding Balance Beginning This Period

1028.00

Transaction ID: SD10.60198

Amount Incurred This Period

0.00

Payment This Period

1028.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

4215.64

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 47 / 58

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Arcade PressNature of Debt (Purpose):  
Office Supplies

Mailing Address 5436 Harford Rd.

City State ZIP Code  
Baltimore MD 21214-2292

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63082

Amount Incurred This Period

280.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

280.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&T - MobilityNature of Debt (Purpose):  
Phone and Data Services

Mailing Address PO Box 6463

City State ZIP Code  
Carol Stream IL 60197-6463

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63083

Amount Incurred This Period

190.28

Payment This Period

0.00

Outstanding Balance at Close of This Period

190.28

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & B DuplicatorsNature of Debt (Purpose):  
Non Candidate Party Mail-  
ing Serv

Mailing Address 818 18th Street NW LL15

City State ZIP Code  
Washington DC 20006-0000

Outstanding Balance Beginning This Period

290.81

Transaction ID: SD10.57636

Amount Incurred This Period

0.00

Payment This Period

290.81

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

470.28

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 48 / 58

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & B DuplicatorsNature of Debt (Purpose):  
Non Candidate Party Mail-  
ing Serv

Mailing Address 818 18th Street NW LL15

City State ZIP Code  
Washington DC 20006-0000

Outstanding Balance Beginning This Period

1602.11

Transaction ID: SD10.60199

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1602.11

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Christy CarmodyNature of Debt (Purpose):  
Non Candidate Party Graph-  
ic Design

Mailing Address 1751 Camarillo Drive

City State ZIP Code  
N. Las Vegas NV 89031-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63075

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CNA InsuranceNature of Debt (Purpose):  
Liability Insurance

Mailing Address PO Box 382033

City State ZIP Code  
Pittsburgh PA 15250-8033

Outstanding Balance Beginning This Period

1260.00

Transaction ID: SD10.60200

Amount Incurred This Period

0.00

Payment This Period

1260.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

2102.11

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
De Lage Landen FinancialNature of Debt (Purpose):  
Copier Lease

Mailing Address PO Box 41601

City State ZIP Code  
Philadelphia PA 19101-1601

Outstanding Balance Beginning This Period

523.82

Transaction ID: SD10.60202

Amount Incurred This Period

0.00

Payment This Period

523.82

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DirectMail.comNature of Debt (Purpose):  
Non Candidate Party Maili-  
ng ServiceMailing Address 5511 Ketch Road  
Attn: Beverly KalbaughCity State ZIP Code  
Prince Frederick MD 20678-0000

Outstanding Balance Beginning This Period

9215.77

Transaction ID: SD10.57640

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9215.77

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DirectMail.comNature of Debt (Purpose):  
Non Candidate Party Maili-  
ng ServiceMailing Address 5511 Ketch Road  
Attn: Beverly KalbaughCity State ZIP Code  
Prince Frederick MD 20678-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63076

Amount Incurred This Period

5725.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

5725.93

**1) SUBTOTALS** This Period This Page (optional).....

14941.70

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 50 / 58

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Paula EdwardsNature of Debt (Purpose):  
FEC Filing Expense

Mailing Address 1200 G Street, N.W. Suite 800

City State ZIP Code  
Washington DC 20005-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63077

Amount Incurred This Period

1250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FirelineNature of Debt (Purpose):  
Office Supplies

Mailing Address 4506 Hollins Ferry Rd

City State ZIP Code  
Baltimore MD 21227-4671

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63084

Amount Incurred This Period

45.31

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.31

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Great American LeasingNature of Debt (Purpose):  
Postage Meter Lease Agree-  
ment

Mailing Address 8742 INNOVATION WAY

City State ZIP Code  
CHICAGO IL 60682-0087

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63087

Amount Incurred This Period

164.71

Payment This Period

0.00

Outstanding Balance at Close of This Period

164.71

1) **SUBTOTALS** This Period This Page (optional).....

1460.02

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Hatch, Denny Assc., Inc.Nature of Debt (Purpose):  
Writing for Non-Candidate  
Party Mailing

Mailing Address 310 Gaskill Street

City	State	ZIP Code
Philadelphia	PA	19147-1503

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD10.60203

Amount Incurred This Period

0.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Hickey, Michael P. & AssociatesNature of Debt (Purpose):  
Writing for Non Candidate  
Mailing

Mailing Address 9522 Nassington Ct.

City	State	ZIP Code
Richmond	VA	23229-6057

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD10.57644

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

1500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Joe Ragan'sNature of Debt (Purpose):  
Office Supplies

Mailing Address PO Box 125

City	State	ZIP Code
Springfield	VA	22150-0125

Outstanding Balance Beginning This Period

31.73

Transaction ID: SD10.57646

Amount Incurred This Period

0.00

Payment This Period

31.73

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

1500.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 52 / 58

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Joe Ragan'sNature of Debt (Purpose):  
Office Supplies

Mailing Address PO Box 125

City State ZIP Code  
Springfield VA 22150-0125

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63086

Amount Incurred This Period

102.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

102.33

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MacBain Printing Co. Inc.Nature of Debt (Purpose):  
Non Candidate Party Print-  
ing Service

Mailing Address 1301-B Governor Ct.

City State ZIP Code  
Abington MD 21009-0000

Outstanding Balance Beginning This Period

590.00

Transaction ID: SD10.60205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

590.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Millett, WesleyNature of Debt (Purpose):  
Writing for Non Candidate  
Mailing

Mailing Address 184 Brickett Hill Circle

City State ZIP Code  
Haverhill MA 01830

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63078

Amount Incurred This Period

3500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

1) **SUBTOTALS** This Period This Page (optional).....

4192.33

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 53 / 58

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ONeill Marketing CompanyNature of Debt (Purpose):  
Party Prospect Mail List  
Non Candidate

Mailing Address 10805 Main St. #400

City State ZIP Code  
Fairfax VA 22030-0000

Outstanding Balance Beginning This Period

1495.87

Transaction ID: SD10.60206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1495.87

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PAETEC - US LEC Corp.Nature of Debt (Purpose):  
Phone and Data Services

Mailing Address PO Box 1317

City State ZIP Code  
Buffalo NY 14240-1317

Outstanding Balance Beginning This Period

1144.83

Transaction ID: SD10.57649

Amount Incurred This Period

0.00

Payment This Period

1144.83

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PAETEC - US LEC Corp.Nature of Debt (Purpose):  
Phone and Data Services

Mailing Address PO Box 1317

City State ZIP Code  
Buffalo NY 14240-1317

Outstanding Balance Beginning This Period

1144.81

Transaction ID: SD10.60207

Amount Incurred This Period

0.00

Payment This Period

1144.81

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

1495.87

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 54 / 58

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PNC Master Card

Nature of Debt (Purpose):  
Travel and Office Expense

Mailing Address PO Box 790350

City	State	ZIP Code
St. Louis	MO	63179-0350

Outstanding Balance Beginning This Period

7612.88

Transaction ID: SD10.60216

Amount Incurred This Period

0.00

Payment This Period

7612.88

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Star Envelope

Nature of Debt (Purpose):  
Non Candidate Party Print-  
ing

Mailing Address PO box 740209, Dept. 40008

City	State	ZIP Code
Atlanta	GA	30374-0209

Outstanding Balance Beginning This Period

698.75

Transaction ID: SD10.57650

Amount Incurred This Period

0.00

Payment This Period

698.75

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Terra Eclipse, Inc.

Nature of Debt (Purpose):  
Website Management

Mailing Address 9043 Soquel Dr.

City	State	ZIP Code
Aptos	CA	95003-0000

Outstanding Balance Beginning This Period

3621.20

Transaction ID: SD10.57653

Amount Incurred This Period

0.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

2121.20

1) **SUBTOTALS** This Period This Page (optional).....

2121.20

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 55 / 58

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Terra Eclipse, Inc.Nature of Debt (Purpose):  
Website Management

Mailing Address 9043 Soquel Dr.

City	State	ZIP Code
Aptos	CA	95003-0000

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD10.60208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Terra Eclipse, Inc.Nature of Debt (Purpose):  
Website Management

Mailing Address 9043 Soquel Dr.

City	State	ZIP Code
Aptos	CA	95003-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63080

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Warner, Norcross & JuddNature of Debt (Purpose):  
Legal ServicesMailing Address 1900 Fifth Third Center  
111 Lyon Street NW

City	State	ZIP Code
Grand Rapids	MI	49503-2487

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63081

Amount Incurred This Period

3257.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

3257.19

1) **SUBTOTALS** This Period This Page (optional).....

6757.19

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 56 / 58

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Worldwide Express - DHLNature of Debt (Purpose):  
Shipping Services

Mailing Address 1911 North Ft. Myer Dr. Ste 108

City	State	ZIP Code
Arlington	VA	22209-0000

Outstanding Balance Beginning This Period

81.05

Transaction ID: SD10.57656

Amount Incurred This Period

0.00

Payment This Period

81.05

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Worldwide Express - DHLNature of Debt (Purpose):  
Shipping Services

Mailing Address 1911 North Ft. Myer Dr. Ste 108

City	State	ZIP Code
Arlington	VA	22209-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.63088

Amount Incurred This Period

86.24

Payment This Period

0.00

Outstanding Balance at Close of This Period

86.24

1) **SUBTOTALS** This Period This Page (optional).....

86.24

2) **TOTALS** This Period (last page this line number only).....

39342.58

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

39342.58



Form/Schedule: **F3XN**

Transaction ID:

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate(s). 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

Form/Schedule: **SB21B**Transaction ID: **SB21B.63013**

The following are ultimate vendors for PNC Master Card payment on 2/24/09: 600 Restaurant 600 New Hampshire Ave NW Washington DC 20037-2403 1/31/2009 \$66.10 Staff Travel - Meals; Accurint P.O. Box 538358 Atlanta GA 30353-8358 1/31/2009 \$32.89 Donor Address History Search; American University Washington Semesters Program J Cuccurull 4400 Mass Ave NW # Const-100 Washington DC 20016-8083 1/31/2009 \$50.00 Intern Fair Fee; Apple Computer 2700 Clarendon Blvd. Arlington VA 22201-0000 1/31/2009 \$2,819.88 IMac Computer and Software; Best Buy 2730 PRINCE WILLIAM PARKWAY WOODBRIDGE VA 22192-4135 1/31/2009 \$66.17 Office Supplies; Central Parking System 790402 Attn: Monthly Accts Dept. St. Louis MO 63179-0402 1/31/2009 \$1.50 Employee Travel - Parking; Domino's Pizza 2029 K St. NW Washington DC 20006-1004 1/31/2009 \$159.54 Staff Travel - Meals; Google Ad Works 1600 Amphitheatre Parkway Mountain View CA 94043-1351 1/31/2009 \$34.87 LP Branding Marketing Expense

Image# 29933374903

Form/Schedule: **SB21B**

Transaction ID: **SB21B.63056**

The following are the ultimate vendors for PNC Master Card 2/24/09: GoToMyPC.com 5385 Hollister Ave #111 Santa Barbara CA 93111-0000 1/31/2009 \$44.94 PC Remote Access Service; Lyris Tech - Sparklist PO Box 49023 San Jose CA 95161-9023 1/31/2009 \$3 000.00 Web and Email Hosting Service; Mint Publishing Inc. 1777 Bellflower Blvd. Suite 100 t/a blacklistedip.com Long Beach CA 90815-0000 1/31/2009 \$64.95 Internet Services; PNC Master Card PO Box 790350 St. Louis MO 63179-0350 1/31/2009 \$27.22 Credit Card Finance Charge; Postmaster US Post Office Watergate 2500 virginia Ave NW Washington DC 20037-0000 1/31/2009 \$13.15 Postage; Rackspace US Inc. 9725 I point Dr. #100 San Antonio TX 78229-0000 1/31/2009 \$649.00 Website Hosting Service; Starbucks Corp. 2401 Utah Avenue South Seattle WA 98134-0000 1/31/2009 \$8.67 Staff Travel - Meals; ThePlanet.com 1333 N. Stemmons Fw #110 Dallas TX 75207-3724 1/31/2009 \$574.00 Email Server Hosting Expense

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